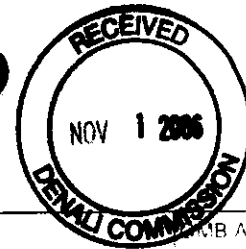


FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)



1 Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2 Federal Grant or Other Identifying Number Assigned By Federal Agency 0055-DC-2002-18		3OMB Approval No. 0348-0038		Page of 1		Pages 1		
4 Recipient Organization (Name and complete address, including ZIP code) Interior Community Health Center 1606 23rd Avenue Fairbanks, AK 99701										
5 Employer Identification Number 92-0147354			6 Recipient Account Number or Identifying Number			7 Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8 Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
9 Funding Grant Period (See instructions): From (Month Day Year) 4/1/2002			To (Month Day Year) 3/1/2007			10 Period Covered by this Report From (Month Day Year) 7/1/2006			To (Month Day Year) 9/30/2006	
11 Transactions					I Previously Reported		II This Period		III Cumulative	
a Total outlays					6,070,806.00		22,993.00		6,093,799.00	
b Recipient share of outlays					2,877,562.00		10,899.00		2,888,461.00	
c Federal share of outlays					3,193,244.00		12,094.00		3,205,338.00	
d Total unliquidated obligations									62,146.00	
e Recipient share of unliquidated obligations									29,457.00	
f Federal share of unliquidated obligations									32,689.00	
g Total Federal share (Sum of lines e and f)									3,238,027.00	
h Total Federal funds authorized for this funding period									3,667,000.00	
i Unobligated balance of Federal funds (Line h minus line g)									428,973.00	
12 Indirect Expense		a Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed								
		b Rate		c Base		d Total Amount		e Federal Share		
13 Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Column III line d. is the net amount of obligations paid 10/02/06, but included in the 9/27/06 draw down which results in a timing different between the general ledger and the payment management system.										
14 Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.										
15 Typed or Printed Name and Title Cheryl Kilgore, Executive Director						16 Telephone (Area code, number and extension) 907-455-4567, ext. 1558				
17 Signature of Authorized Certifying Official						18 Date Report Submitted October 31, 2006				